MINUTES OF MEETING OF
HEALTH STRATEGIES COUNCIL
Department of Community Health, Division of Health Planning
Greater Macon Chamber of Commerce, 305 Coliseum Drive, Macon, GA 31202
Friday, November 21, 2003
■
11:00 am – 1:00 pm

Daniel W. Rahn, M.D., Chair, Presiding

MEMBERS PRESENT
William G. "Buck" Baker, Jr., MD
Honorable Glenda M. Battle, RN, BSN
Harve R. Bauguess
David Bedell, DVM
Edward J. Bonn, CHE
Elizabeth Brock
Tary Brown
W. Clay Campbell
Charlene M. Hanson, Ed.D.,FNP (via conference call)
Reverend Ike E. Mack
Felix Maher, DMD
Julia L. Mikell, MD
James G. Peak
Raymer Martin Sale, Jr.
Toby D. Sidman (via conference call)
Catherine Slade
Oscar S. Spivey, MD
Tracy M. Strickland
Kurt M. Stuenkel, FACHE

MEMBERS ABSENT
Anthony J. Braswell
Nelson B. Conger, DMD
Katie B. Foster
Sonia Kuniansky
Honorable Evelyn Turner-Pugh
Katherine L. Wetherbee
David M. Williams, MD

GUESTS PRESENT
Armando Basarrate, Parker, Hudson, Rainer & Dobbs
Charlotte W. Bedell, Tift County Commissioner
Gayle Evans, Continuum Healthcare Consultants
Sheila Humberstone, Troutman Sanders Public Affairs Group
Jon Howell, GA Nursing Home Association
Joanne Johansen, Savannah Plastic Surgery
Bill Lewis, Phoebe Putney Medical Center
Julia Misen
Brad Robinson
Kevin Rowley, St. Francis Hospital
Temple Sellers, Georgia Hospital Association
Helen Sloat, Nelson Mullins
Christopher Smith, MD, Albany Surgical
Nancy White, Coliseum Health System
Deborah Winegard, Medical Association of Georgia

STAFF PRESENT
Kimberly Anderson
Commissioner Tim Burgess
Charemon Grant, Esq.
Richard Greene
Ben Robinson
Stephanie Taylor

WELCOME AND CALL TO ORDER

Dr. Rahn called the meeting of the Health Strategies Council (Council) to order at 11:15 am. He recognized Ed Bonn, Toby Sidman and Charlene Hanson who joined the meeting via conference call. He then called on Richard Greene to welcome Council members and guests. He thanked the Greater Macon Chamber of Commerce for graciously hosting today's meeting. He indicated that the Macon area was part of his senate district when he served in the Georgia General Assembly over 10 years ago. He also welcomed guests to the meeting and encouraged everyone to enjoy the City of Macon and to take advantage of its many local resources, including Georgia Music Hall of Fame, Macon Coliseum and Georgia Sports Hall of Fame. Following his welcome remarks Mr. Greene recognized Charemon Grant, Deputy General Counsel of the Department of Community Health, Stephanie Taylor, Senior Health Planner with the Division and Kim Anderson, Research Analyst in the Division of Health Planning.

The Chair recognized Commissioner Tim Burgess and thanked him for attending today's Council meeting. He further indicated that Nelson Conger contacted him to advise him that he would be unable to attend today's meeting.

REVIEW AND APPROVAL OF MINUTES OF AUGUST 21, 2003

A motion to accept the minutes of August 21, 2003 was made by Raymer Sale, seconded by Dr. Bedell. The Council unanimously accepted motion.

REPORT FROM THE AMBULATORY SURGICAL SERVICES TECHNICAL ADVISORY COMMITTEE

The Chair called on Dr. Baker to present a report of the work of the Ambulatory Surgical Services Technical Advisory Committee (TAC). Dr. Baker recognized and thanked the three members of the Council who served on the TAC namely, Clay Campbell, Raymer Sale and Tary Brown. He said that all members of the TAC should be commended for the time and effort that they have provided to support this effort.

Dr. Baker indicated that the TAC held five spirited meetings from May through November of this year. An opportunity for public comments was offered at each meeting. Also, the TAC hosted a separate Public Forum. During the Public Forum testimony and correspondence was received from a range of constituents. Dr. Baker noted that the last TAC meeting was held on Friday, November 14th. He said that the Attorney General's office did not have a chance to preview the proposed ambulatory surgery services rules prior to their presentation to the Council. Also, he indicated that Department staff have identified several areas which they concur may pose administrative difficulty for the Department and which would require some additional finetuning to ensure consistency of the rules with those of other state agencies. He also noted that the Department has expressed concern about the ability to easily administer the rules in a fair and balanced way. Dr. Baker said that while he had planned to present the proposed ambulatory surgery rules for approval by the Council that he would instead ask for the Council's input. He said that following input from the Council, the Attorney General's office and the Department, the TAC would be reconvened to complete additional work on identified issues. Dr. Baker encouraged Council members to identify issues and to present them at today's meeting or to send identified issues or concerns, in writing, to his attention.

Following Dr. Baker's presentation, the Council engaged in the following discussion:

Dr. Mikell asked for clarification about how the proposed rules differ from the current rules. Also, she asked to have the specific concerns about the proposed rules delineated. Dr. Baker indicated that page five of the proposed plan provides a delineation of the specific differences between the proposed rules and the current rules including the following:

- Expanded and updated definitions;
- Change of terminology from "limited purpose" to "single specialty" and a clear delineation of single specialties;
- Allowance for replacement facilities in narrow situations (exempt from the numerical need methodology and adverse impact standard).
- Incorporation of some straightforward options for exceptions to the numerical need methodology;
- More detailed adverse impact criteria and inclusion of some protections for safety net hospitals; and
- Enhancement of quality, continuity and financial accessibility standards;

Dr. Rahn indicated that the Council was sent the draft plan under separate mailing prior to today's meeting. He asked everyone to review the Department's statement of public policy which appears in the introduction of the draft plan of the proposed Ambulatory Surgery Services plan and which appears below:

> *The Department of Community Health (DCH) was created in 1999 by the Georgia General Assembly in response to a growing concern about fragmentation of health care delivery at the state level. The legislation outlined several purposes for the Department including the development of a state health care infrastructure that would be more responsive to the consumers it serves while improving access to services and healthcare coverage and promoting wellness. The Department has embarked on this charge with great enthusiasm and fervor. Since the formation of the Department of Community Health, several components of the State Health Plan have been revised to reflect the new regulatory focus and policy integration.*
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> *The Department is responsible for managing the state's health planning program which establishes standards and criteria for awarding Certificates-of-Need to health care facilities and certain specialized diagnostic or treatment services. The Department works to contain health care costs by avoiding unnecessary duplication of services, equipment and facilities and helps to enforce quality-of-care standards. The Department is committed to ensuring that providers assume a share of the responsibility for the health care needs of low-income citizens and underserved or at-risk members of their local community. Financial access, clinical proficiency and community outreach are cornerstones of the Department's mission.*

He further said that the Council's role is to advise the Department on how to carry out its over-arching function with a purpose of improving access, assuring cost-effectiveness and enforcing quality of care standards. He said that all rules should assure that these standards are appropriately addressed. He further indicated that the Council role's is not to advocate a certain model of care, or to advocate for issues with regard to how they would affect provider-owned, for-profit or not-for-profit providers but to provide a balanced approach to plan for the availability of high quality services for all of the residents of the state.

Kurt Stuenkel said that the TAC concluded its work and voted to move its work for presentation to the Council in hopes that it would be presented to the Board of Community Health and issued for public comment. He asked the Chair to clearly identify all of the outstanding issues that need to be revisited by the TAC. He indicated that he has been involved in several technical advisory committees and has never seen the work of a TAC rehashed in this matter.

Dr. Baker indicated that a complete change in the Department's and the Division's administrative staff gave rise to many of the issues that developed in the rule-making process.

Dr. Maher expressed concern about one of the quality of care standards (Section 7-Quality of Care). He indicated that the proposed rules appear to delete general dentistry and other areas of dentistry (i.e. Pediatric dentistry) from the proposed rules. He said that the proposed language might not include general dentistry, periodontics, and orthodontics. He expressed concern that the proposed language may be too restrictive.

Dr. Baker emphasized that the TAC intends to be inclusive so any additional insights would be welcomed and should be sent to the Division, or to his attention, in writing. He said that the Department of Human Resources/Office of Regulatory Services (ORS) has indicated that the word "overnight" should be allowed in the definition of an ambulatory surgery. He indicated that ORS is planning to revisit its current definition of an ambulatory surgery center. The Department and ORS would like to ensure congruency of the rules within state agencies.

Clay Campbell indicated that while there were heated discussions and despite differences about different proposed standards, the TAC ultimately voted to move the proposed rules forward for presentation to the Council and then onward to the Board of Community Health. He said that the TAC's vote represented a huge step forward in the planning process. He expressed concern about reconvening the TAC to rehash many of the issues that already have been deliberated and voted on.

Tary Brown agreed with the position of Mr. Campbell and added that the TAC meetings were very long and intense. He said that lots of data and information was provided and reviewed by the TAC. He indicated that he was very surprised that the proposed rules are being sent back to the TAC.

Julia Mikel indicated her approval of the proposed plan and said that it is still unclear where the identified issues are.

Dr. Rahn called on Richard Greene to identify the specific areas where there are administrative concerns or where the proposed rules are not where they need to be:

Richard Greene indicated that the proposed rules are not to be revisited in their entirety. He said that the Department has to ensure that any proposed language can be clearly interpreted in order to ensure administrative clarity. The Department and the Attorney General's office were specifically concerned about the administration of the rules. He outlined the following areas where there were some concerns:

- APPLICABILITY STANDARD: 272-2-.09(1)(A)(2)(b)

  if the service is located in a separate building on the hospital's main campus or on separate premises and the service is integrated with other hospital services and systems, and the services are billed through the hospital's Medicare or Medicaid provider number and/or license number issued by the Department of Human Resources.

  Mr. Greene indicated that this standard appears to provide a more lenient standard for hospital applicants. The Office of General Counsel may have difficulty with the interpretation of this section of this standard.

- DELETION OF USE OF "LIMITED PURPOSE AMBULATORY SURGERY CENTER

Mr. Greene indicated that it is unclear whether the Department can substitute the use of term "limited purpose ambulatory surgery center" with the term "single specialty ambulatory surgery service". While the TAC has indicated that the term limited purpose CON is outdated, the Department continues to issue limited purpose certificates of need. Additionally, at present, there are two legal distinctions between Limited Purpose CON and a single-specialty CON. The Attorney General's office is concerned with the administration of this portion of the proposed rules.

- DEFINITION OF SINGLE-SPECIALTIES

Mr. Greene said that the Department and the TAC have received lots of correspondence about this standard. Also, he noted that while the TAC has indicated that this list should be used to determine which providers would be eligible to receive a Letter of Nonreviewability, that there is some concern as to whether the list could be used in this manner. The Department would prefer that this language be inserted into O.C.G.A. 31-6-2(14)(G)(iii), rules for Single-Specialty, Physician-Owned Surgical facilities that are exempt from CON regulation.

Dr. Maher expressed concern about the delineation of dental specialties. He indicated that some subspecialties might have been inadvertently excluded.

Dr. Rahn indicated that he has received correspondence from the Medical Association of Georgia (MAG), which was signed by the three physician representatives, who were nominated by MAG and who served on the TAC. This correspondence indicated that the proposed list of single specialties should be expanded.

Dr. Baker indicated that the definition of single-specialties was among the most contentious area that the TAC considered. The list of single-specialties that appears 272-2-.09(1) (b)(16) single specialty ambulatory surgery service (page 4 of draft rules) is different from the current rules. Three additional disciplines have been added (dermatology, neurology, physical medicine and rehabilitation). Dr. Baker noted that the TAC used information from other states, medical associations, information gleaned from the public forum, correspondence to the TAC, the Department's regulatory experience and vigorous committee input to come up with the final list. He noted that the committee also had considered the inclusion of colon and rectal surgery and vascular surgery but TAC members voted to exclude those disciplines from the single specialty list. He said that the TAC had received correspondence from a private physician and a physician group requesting that Interventional Radiology and General Surgery be placed on the list of single specialties. Again, the TAC's vote resulted in the exclusion of these disciplines from the list of single specialties.

Dr. Mikell asked if the single-specialty list should say "neurosurgery" as opposed to "neurology". Dr. Baker indicated that the current list says neurology and that there has been no recommendation to change it. He said that the TAC engaged in significant and extensive debate about the definition of single-specialty and they finally, though not unanimously, agreed to the proposed list. He further noted that The TAC examined materials issued by the American College of General Surgeons (ACGS) which states that "general surgery is a comprehensive discipline that encompasses knowledge and experience common to all surgical specialties" and further that general surgeons have "the experience and training to manage common problems in plastic, thoracic, pediatric, gynecologic, urologic, neurologic, and orthopedic surgery". The Department and many members of the TAC agreed that this statement from the ASGS confirms the wide breath and scope of practice of the general surgeon and supports the contention that general surgery is a multi-specialty discipline. The TAC concurred.

Elizabeth Brock said that she has presided over many TACs and agrees that it is very difficult to reach unanimous decisions. She asked the Council to provide some specific guidance to the TAC about those areas that need to be revisited.

Dr. Rahn summarized Dr. Baker's presentation to the Council noting that the Chair has received input from the Department, providers, and other constituents indicating that there are areas of the proposed rules which may cause some difficulties in administration, and may exclude several disciplines, among other issues. He said that Dr. Baker has asked for the Council's input into the proposed rules since it is the recommendation of the Council that they be sent back to the TAC for further deliberation. He reiterated that the TAC needs to ensure that the standards of the proposed rules capture their intent. He said that each standard does not need to be revisited but where they were expressed concerns by the Department, the Attorney General's office or other constituents, expressed in writing, that the TAC may want to revisit those specific standards. He recommended that the TAC's intent be clearly captured in the corresponding ambulatory surgery services state health plan. He further said that while he has received calls and correspondence from several constituents, that there are some issues that were of concern to him personally, including the following:

- Use of "patients" versus "procedures" in the calculation of the need methodology.
- In the definition of adverse impact, the standard indicates, " a total decrease in ambulatory surgery procedures of 10% or more for any safety net hospital shall be considered detrimental". Dr. Rahn asked if the 10% is a service-specific or a facility-wide measurement and whether the measurement should be "patients" or "procedures" to correspond to the same measurement that is used in the calculation of the need methodology.
- Under the "Quality of Care standard: What is the TAC's expectation about achieving accreditation as opposed to the "intent to meet" accreditation", as described in the proposed standard below. (Must accreditation be achieved? What if accreditation is not achieved?)

> An applicant for a new or replacement ambulatory surgery service shall provide a statement of intent to meet, within 12 months of obtaining state licensure, the appropriate accreditation requirements of the Joint Commission for Accreditation of Healthcare Organizations (JCAHO), the Accreditation Association for Ambulatory Health Care (AAAHC), the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAASF) and/or other appropriate accrediting agency.

Dr. Baker indicated that the TAC could address the issue about this quality standard through the issuance of some clarifying language in the corresponding plan about the need for the applicant to submit some proof of having actually received accreditation, subsequent to the issuance of a CON. This information should be provided to the Department in a prescribed manner and within a specified time frame. The TAC would be asked to provide some specific guidance on this issue.

Jim Peak made the recommendation that only those specific areas that are addressed in writing to the TAC be revisited by the TAC for further discussion and deliberation. He made the following motion which was seconded by Elizabeth Brock: Because concerns have been raised by the Department, Attorney General's Office, council members and other constituents, the Chair of the TAC has agreed not to seek approval of the rules today but will seek additional input from the council and will forward only those issues which are

technical, need further congruency among state agencies, need legal clarifications, to the TAC for further deliberation. The council voted on this motion. It passed, though not unanimously.

Cathy Slade asked about the continuity of care standard which states that "an applicant shall demonstrate that the proposed services will be coordinated with the local existing health care system". She asked what this standard is attempting to do. In response, Dr. Baker said that the applicant must ensure that there are local referral relationships in the event that emergency transport is necessary. The applicant would have to provide a Memorandum of Agreement from a local hospital to meet this standard. Ms. Slade recommended the inclusion of some clarifying language in the Ambulatory Surgery Services plan to ensure that the expectations about how to meet this standard are clear to applicants and the Office of General Counsel.

Dr. Rahn thanked members of the TAC for the extensive work that they have undertaken. He particularly thanked and recognized Dr. Baker for his leadership in this important health care area. He reiterated that state policy makers have an interest in ensuring the integrity of the safety net health care system, providing for a plurality of models for healthcare delivery and maintaining access to high quality healthcare in the state. He said that he looks forward to the presentation of the Ambulatory Surgical Services plan and rules at the next Council meeting that is slated for February 2004.

DRAFT COUNCIL FY2003 ANNUAL REPORT

The Chair called on Stephanie Taylor to provide an update of the Council's Annual Report. Ms. Taylor said that the draft Annual Report was mailed to all members prior to today's meeting. It describes all of the activities of the Council, including the work of the various technical advisory committees. Members were encouraged to provide verbal comments at today's meeting. She indicated that input could be provided electronically, verbally or by correspondence. The deadline to submit input is November 28th. Ms. Taylor indicated that in addition to Council members, copies of the annual report will be sent to Governor Perdue, Lt. Governor Mark Taylor, Speaker of the House Terry Coleman, Members of the Georgia General Assembly, members of the Board of Community Health and Commissioner Tim Burgess.

DEPARTMENT AND DIVISION UPDATES & FY2004 ACTIVITIES

Dr. Rahn called on Commissioner Burgess to provide an update of the Department's activities. Commissioner Burgess said that he was pleased to be able to attend the Council meeting. He said that the budget process has been consuming a large portion of his time. He further said that the Governor has given the Department some very stringent budget targets to meet. The Department's budget recommendations have been presented to and approved by the Board of Community Health. They will be presented to the General Assembly in January.

Commissioner Burgess said that the Medicaid budget presents the greatest challenge to his administration since expenditures must be reduced by $441 million dollars, starting in July 2004. He said that the Department would examine several different and balanced approaches. In the past, generally, the Department implemented rate reductions to providers. He said that the magnitude of the budget reductions is too large to consider this option as the sole approach. The Department has proposed recommendations that would affect all of the cost drivers in the system including:

- **Price reductions to providers-** (including hospitals, nursing homes, physicians, among others). This initiative represents 40% of total budget reductions.

- **Scope of practice-** (types of services that are available to recipients). Initiatives would include the elimination of some services that are currently available in some programs. At this time, the elimination would be in the category of "optional services"—as defined by the federal government. Reductions in these areas will have an impact on the recipient and include such services as psychological and dental services. This is an area where potential savings can be achieved)
- **Utilization**-The Department plans to examine and to institute some pilot efforts to control utilization. This area will account for a small portion of budget reductions because it is difficult to control patient behavior in the short-term. The Department also would be undertaking other initiatives including:

    a. Case management for patients who have high system utilization. The Department will use SOURCE sites around the state for case management purposes. This process will examine 5,000 of the highest Medicaid users (target populations where resource utilization is high) to better control utilization. The Department's emphasis will be how to change utilization patterns to control costs.

    b. Eligibility- the Commissioner indicated that this area has been seriously overlooked during the cost cutting measures of previous administrations. The Dept. has historically undertaken lots of eligibility expansion in the state. Reductions in eligibility could account for upwards 30%-35% of budget targets. He said that the Department might need to eliminate the "medically needy" category (i.e. nursing home care, eligibility rates for pregnant women). He indicated that this is a very difficult decision, perhaps one of the toughest areas in the budget for the legislature, however the potential cost saving is too large not to consider.

Commissioner Burgess said that the Department has used the budget process as a starting point for discussion with the Governor's office and that the Department will continue to examine some creative ways to control utilization. He acknowledged that there are no easy solutions but the Department will engage many stakeholders in the decision-making process. He said that the Council might be asked to provide input about some of the recommended strategies to address the budget mandates.

Commissioner Burgess further said that the Affiliated Computer Services (ACS) billing system has improved and that the Department has received some assurances from them that the laundry list of outstanding items will be satisfactorily completed by the end of December 2003. He said that their follow-through on identified outstanding items would result in substantial improvements in capability for the state's claims processing and payment system.

Dr. Rahn thanked the Commissioner for his important report. The following remarks and questions followed the Commissioner's report.

Dr. Baker acknowledged that the Department is making several expense reductions. He asked the Commissioner to elaborate on any efforts the Department may undertake to ensure revenue enhancement. Commissioner Burgess indicated that revenue enhancement is not within the purview of the Department. He said that the Governor has not endorsed any such initiatives.

Jim Peak, in comments to the Commissioner, indicated that Indigent Care Trust Fund monies should be administered in a more efficient manner to hospitals, particularly small rural hospitals. He said that the delay in the distribution of these monies is too costly to hospitals.

Glenda Battle, in remarks to the Commissioner, recommended the continued use of existing partnerships at the state and county levels. She indicated that the state should support and strengthen established relationships and should not create any new entities.

Toby Sidman indicated that consumers need to hear all of the issues that are facing the state. She suggested that any partnership opportunities that are recommended include members of organizations, particularly those that Council members are apart of. She said that cancer survivors and providers could benefit from information and collaboration.

Dr. Rahn said that balancing the budget is not an easy task. The consumer fallout is the difficult one. There is a constitutional requirement to balance the budget. The end results could be increases in cost to the health system. Poor health outcomes and increases in infant mortality also could result. He said that the Department should monitor the effects of changes in eligibility. The Department does not have the database to capture this information but it is worth some consideration.

Dr. Rahn thanked Commissioner Burgess for his attendance and participation at today's meeting.

DIVISION UPDATES

Dr. Rahn called on Richard Greene to provide an update of the Division's work. Mr. Greene clarified that the Division of Health Planning does not rule on CON issues. The Office of General Counsel manages that function. The Division of Health Planning is involved in data collection and policy development. He further said that each of the Council's three standing committees is expected to meet before the next Council meeting and will make recommendations to the Council and the Department about the need to change any of the existing state health plans or rules and would recommend whether it is appropriate to develop regulatory documents for other health care facilities, equipment and services. The three committees are as follows: Long Term Care, Acute Care and Special & Other Services Committees. These committees are chaired by Clay Campbell, David Williams, MD and Kurt Stuenkel, respectively.

REPORT FROM THE HEALTHCARE WORKFORCE POLICY ADVISORY COMMITTEE

Dr. Rahn called on Ben Robinson to provide an update on the work of the Healthcare Workforce Policy Advisory Committee. Mr. Robinson said that Charlene Hanson serves on this Committee and represents the Council in an ex-officio capacity. During FY03 the Workforce PAC released its annual report. In it, the Committee acknowledged that the State of Georgia has undertaken a broad array of strategies to remedy workforce shortages. The report further notes that while some measured progress has been made, failure to maintain the proposed initiatives and to commit the needed resources to develop and maintain healthcare professionals could have a devastating impact on Georgia's health care delivery system. He said that while there appears to be some improvement in RN vacancy rates, it is not clear whether this trend would continue into the future or if it would be a short-lived trend. He said that the state anticipates some decline in our adult workforce. Other critical workforce indicators include the following statistics:

- 45% of survey respondents (RN) in a recent statewide survey said that they would be retiring within the next four years. At present, Georgia is experiencing a 7% shortage of

nurses. This number is manageable. However, absent any current intervention, by the year 2010, there will be a 40% shortage. This is not manageable and the impact of such a change could be devastating to Georgia communities.

Mr. Robinson further noted that the Workforce Policy Advisory Committee have worked with the University System of Georgia. At present, they are collaborating to assist in the state's workforce planning effort. Further, he said that the Workforce Policy Advisory Committee has recommended the inclusion of $4.4 into the Intellectual Capital Partnership Program (ICAPP) for the FY2005 budget period. This represents a substantial commitment. The state is seeing some tangible benefits. He called on council members to engage local elected officials in discussions about this critical issue. He indicated that the need for pharmacists in the state also is quite high. At present, there are three schools of pharmacy in the state but no increases in the number of faculty or compensation. These two issues are of primary concern in the field. Mr. Robinson expressed concern about some potentially serious road blocks in the future if the number of needed pharmacy professionals is not realized. He said that healthcare and education go hand in hand. He emphasized that the role and importance of educating elected officials and other policy makers about the importance of securing a viable workforce for the state's present and future healthcare needs.

2004 QUARTERLY MEETING DATES

Dr. Rahn called on Stephanie Taylor to provide information about the dates for the Council's 2004 quarterly meetings. Ms. Taylor indicated that the proposed dates are as follows: February 27, May 21, August 27 and November 19. The May 21st and November 19th dates are proposed because the scheduled dates conflict with Memorial Day and the Thanksgiving holidays respectively. The Council voted unanimously to accept the proposed dates. The next Council meeting is scheduled for Friday, February 27th at 2 Peachtree Street, Conference Room 3A&3B on the 7th Floor. The meeting will begin at 11:00 am.

Dr. Rahn thanked Dr. Baker and other TAC members for all of the work that they have undertaken during the calendar year. He recognized that several difficult decisions were necessary and many controversial issues were addressed. He reiterated that the Ambulatory Surgical Services TAC needs to revisit several issues. He cautioned the TAC not to revisit all areas of their work but to focus on those areas that the Council has identified during today's meeting.

Dr. Rahn extended Thanksgiving holiday wishes to Council members and guests.

There being no further business, the meeting adjourned at 1:10 pm. Minutes taken on behalf of Chair by Stephanie Taylor.

Respectfully Submitted,

Daniel W. Rahn, MD, Chair